







IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re PATENT APPLICATION OF

TECH CENTER 1600/2900 Group Art Unit: 1647

Papadopoulos et al.

Application No. 09/762,594

Examiner: B. Bunner

Filed: June 22, 2001

Title: Peripheral-Type Benzodiazepine Receptor Associated Proteins, Cloning,

Expression and Methods of use

November 21, 2002

ELECTION/RESTRICTION RESPONSE

Hon. Commissioner of Patents Washington, D.C. 20231

Sir:

In response to the Office Action [Restriction Requirement] mailed on August 22, 2002, Applicants elect without traverse Group I, claims 1-17 and 34-35, drawn to an isolated PBR-associated protein DNA fragment, a recombinant DNA construct, host cell, and a method for producing PAP peptide.

If the examiner has any questions relating to this application, he is respectfully requested to contact the undersigned at the telephone number given below.

Robin L. Teskin

Registration No. 35,030

1600 Tysons Boulevard McLean, VA 22102 (703) 905-2200 (703) 905-2500 Facsimile

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INITED STATES PATENT AND TRADEM Group Art Unit 1647 B. Bunner Papadopoulos et al. Examiner: Inveritor(s): ÉR 1600 0277848 09 762,594 Atty. Dkt. Appln. No.: Serial No. 个 Μ# Client Ref Series Code ↑ Peripheral-type Benzodiazepine Filed: June 22, 2001 Appln. Title: Receptor Associated Protein, Cloning Hon. Commissioner of Patents Expression and Methods of Use Washington, D.C. 20231 Sir: November 21, 2002 REPLY/AMENDMENT/LETTER Date: This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto. FEE REQUIREMENTS FOR CLAIMS AS AMENDED 1 Small Entity claim

| A. \(\sum \frac{NOT}{NOT} \) made \(B. \subseteq \subseteq \text{Withdrawn} \) C. \(\supseteq \text{made herewith} \) made previously \(\supseteq \text{Pat-256} \) | Claims remaining after amendment | Highest nu previously p | | Present Extra | Large/Small Entity | Additional Fee | Fee Code Lg/Sm |
|---|--|--|--|--|--|--|---|
| 2. Total Effective Claims | | **minus | 0 | 0 | x \$18/\$9 = | + \$0 | 103/203 |
| 3. Independent Claims | | ***minus | 0 | 0 | x \$84/\$42 = | + \$0 | 102/202 |
| 4. If amendment enters proper time (leave blank if this is a reis | | claim(s) into | this ap | | + \$280/\$140 = | + \$0 | 104/204 |
| 5. Original due Date: Septer | mber 22, 2002 | ☐ NONE | | | | | |
| 6. Petition is hereby made to date to cover the date this resp requisite fee is attached | | ch the (2 (3 (4 | (1 mo) 2 mos) 3 mos) 4 mos) 5 mos) | \$110/\$55 = \$400/\$200 = \$920/\$460 = \$1,440/\$720= \$1,960/\$980= | + \$200 | | 115/215 116/216 117/217 118/218 128/228 |
| 7. Enter any previous extension fee paid since above original due date and subtract | | | | | - \$0 | | |
| 8. | | | | | Extension Fee | + \$200 | To be |
| 9. If Terminal Disclaimer attached, add Rule 20(d) official fee | | | | | + \$110/\$55 | + \$0 | 148/248 |
| 10. If IDS attached requires Official Fee under Rule 97 (c), | | | | | + \$180 + \$180 | + \$0 | 126 126 |
| 11. After-Final Request Fee per rules 129(a) and 17(r) | | | | | + \$740/370 | + \$0 | 146/246 |
| 12. No. of additional inventions for examination per Rule 129(b) | | | | | x \$740/370 ea | + \$0 | 149/249 |
| 13. Request for Continued Examination (RCE) | | | | | + \$740/370 | + \$0 | 1179/1279 |
| 14. Petition fee for | | | | | - | + \$0 | |
| 15. | | | | | TOTAL FEE = | \$200 | · . |
| 16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0". 17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space. 18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space. | | | | | | PLEASE CHARGE OUR DEP. ACCT | |
| /22/2002 NMOHAMM1 00000150 03397 FC:2252 200.00 CH | | , | Our | Deposit Account r Order No. <u>076</u> | No. 03-3975) 6934 027784 | | |
| CHARGE STATEMENT: The Commission filed, or which should have been filed herew hereafter relative to this application and the duplicate copy of this sheet is attached. This CHARGE STATEMENT does not au filed. | vith or concerning any paper resulting Official Documen | er filed hereafter, it under Rule 20, | and which or credit a | may be required under ny overpayment, to our | any missing or insufficient and missing and mi | fee(s) filed, or asso sufficiencies only) own above, for wh oeal deadline | now or ich purpose a |
| | Pillsburv | Winthrop L | LP | | 00, 110 110100 | , ppoulo c | -paratory. |
| | | ual Property | |) | | | |
| P.O. Box 10500 | | Robin L. T | | | Reg. No. | 35,030 | |
| McLean, VA 22102 Tel: (703) 905-2000 | Sig: | Roli | Th | 1. | Fax: | (703) 905- | 2500 |

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

Atty/Sec: RLT/af

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